

Clement Clark Douglass

Died at	Town	County				MARYLAND
Preston	Caroline					
Date 19	Month	Day	Y.	M.	D.	Native of
1903	9	27	1	-	18	Md.
Male	Age					Occupation
Female	Married					
	White		Widow			
	Colored		Widower			
Husband of				Number of children living		
Wife				105		
Father's Name	S. E. Douglass			Mother's Maiden Name	Mary Phillips	
Cause of Death	Primary	Ileo-ileitis				How long sick
	Immediate	Inflammation				3 mos.
Reported by	J. R. Phillips			Accident, Suicide, Homicide		
Address	Preston			Md.		

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Amos Knugt.

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County				
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Occupation	Birth-place	Pa.	
Married, <input checked="" type="checkbox"/> or Widowed	Dissied		R.R. Clerk.			
Name of Wife <input checked="" type="checkbox"/> Husband	Elarissa Aglesby					
Father's Name			Father's Birthplace Pa.			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information	R.A. Robinson		How related to deceased Son in law			

CAUSES OF DEATH

Primary Initial Stages.

How long

Immediate exhaustion.

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

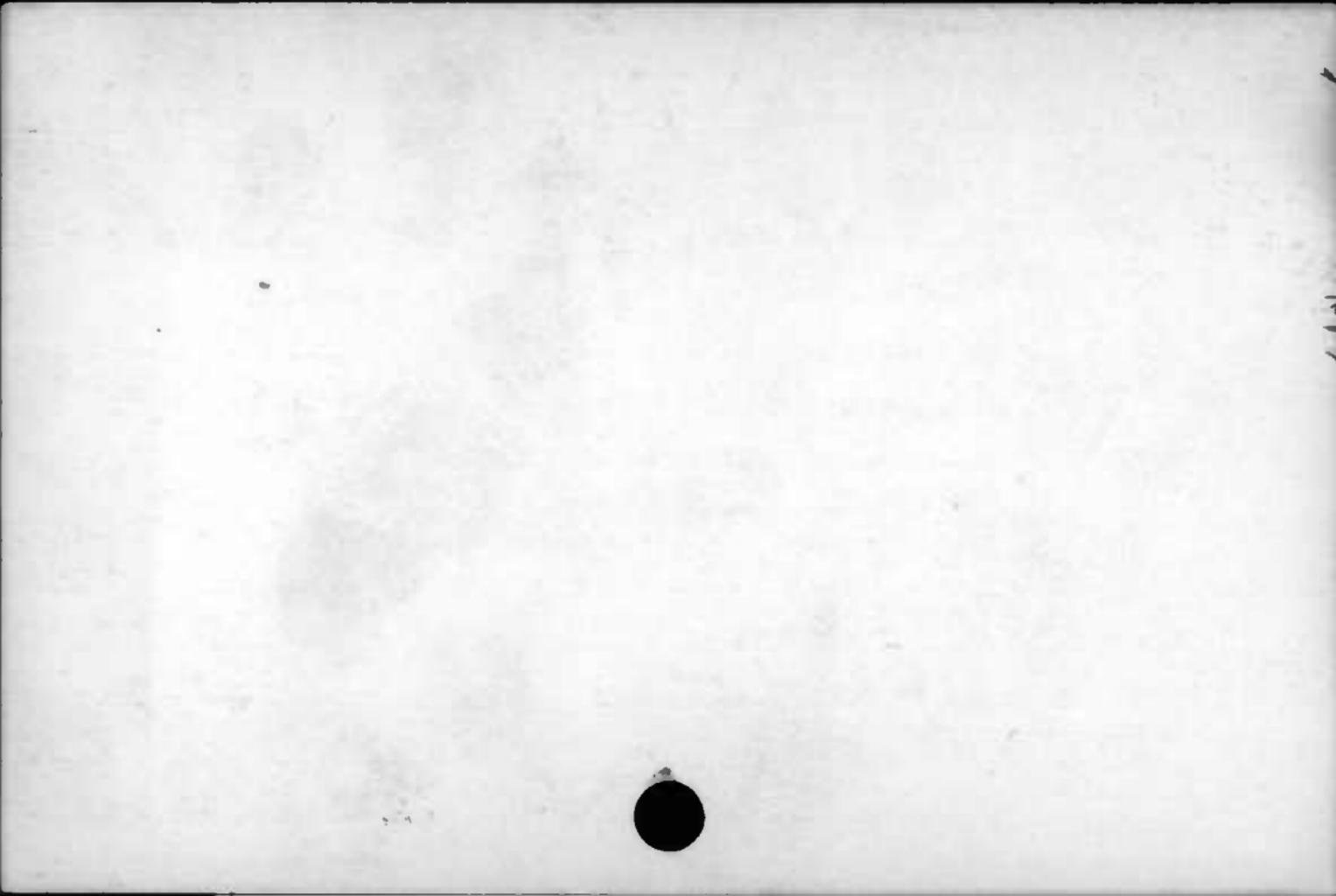
Address

A. F. Miller

Baltimore.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

William A. F. Lumb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>22 September</u>		Town <u>Condoraville</u>	County <u>Caroline</u>	MARYLAND		
Date of death 1900	Month 9	Day 18	Age 36	Years	Months 6	Days -
Sex <u>Male</u>	Color or Race <u>white</u>				Birth-place <u>Phila</u>	
Married, Single or Widowed	-	Occupation			<u>Farmer</u>	
Name of Wife or Husband						
Father's Name	<u>William G. Lumb</u>			Father's Birthplace	<u>Phila</u>	
Mother's Maiden Name	<u>Hannah J. Oldham</u>			Mother's Birthplace	<u>Phila</u>	
Name of person giving information	<u>W. G. Lumb</u>			How related to deceased	<u>Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>diphtheria</u>	How long	<u>10 da</u>
Immediate	<u>Heart & Throat</u>	How long	<u>1 da</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Jas. E. Golley</u>
		Address	<u>Lumberville</u>
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

James Neighbors

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months Days
of death 1903	Sept-	4	5 -
Sex	Age	Color or Race	Birth-place
Male	white.	white.	Maryland
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	James H Neighbors		
Mother's Maiden Name	Julia Melvin 105		
Name of person giving information	James Neighbors		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cholera Infantum

How long

3 days

Immediate Exhaustion.

How long

after birth

Are the name, age, sex, color, date and place correctly given above?

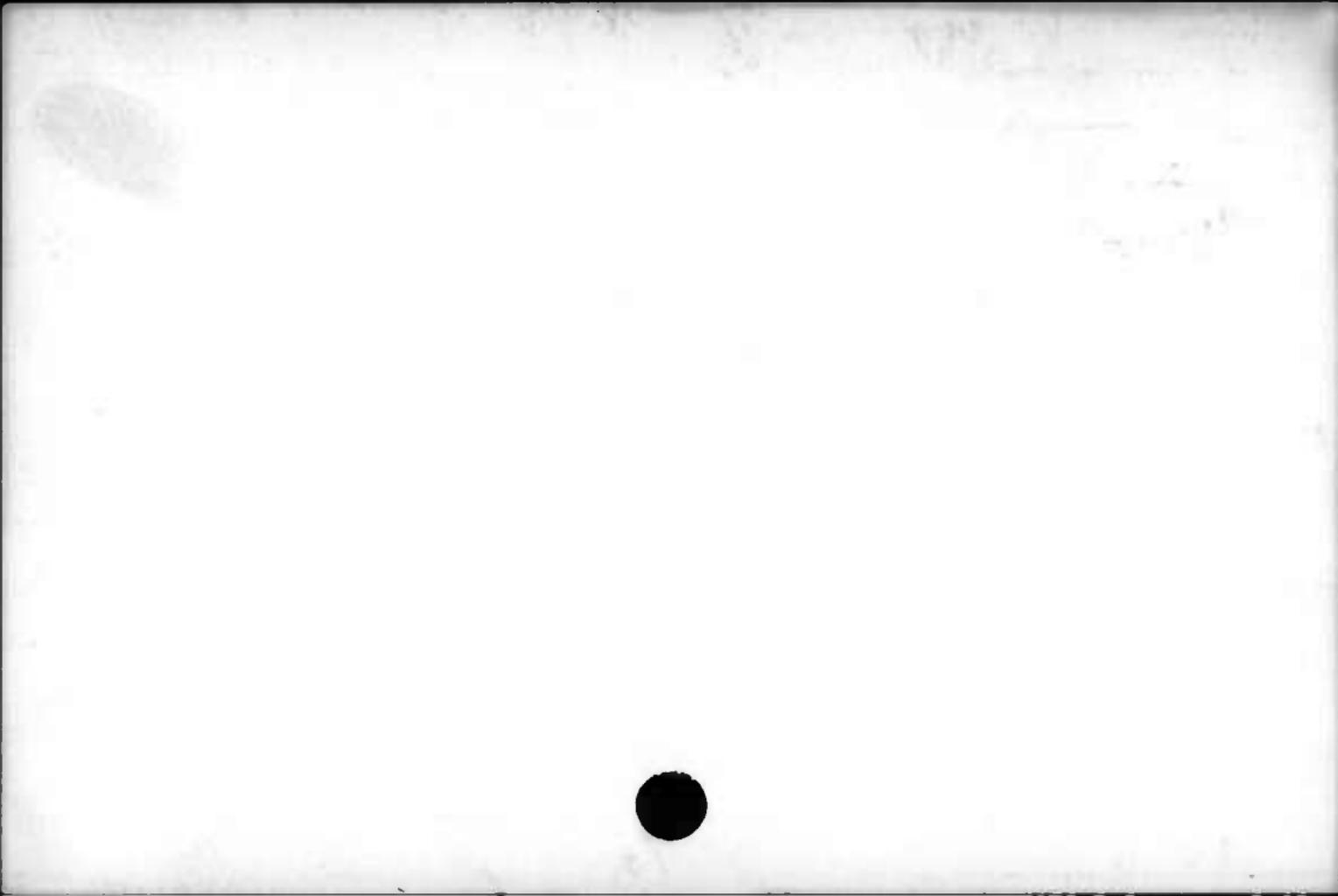
Yes

Signature of Physician

Address

Enoch George M.
Melvin Corbin Co
Maryland

Accident or Suicide?



Name
in
Full

Nellie Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Age	Color or Race	white	Birth- place	md
Married Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bright's chronic

How long

years

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

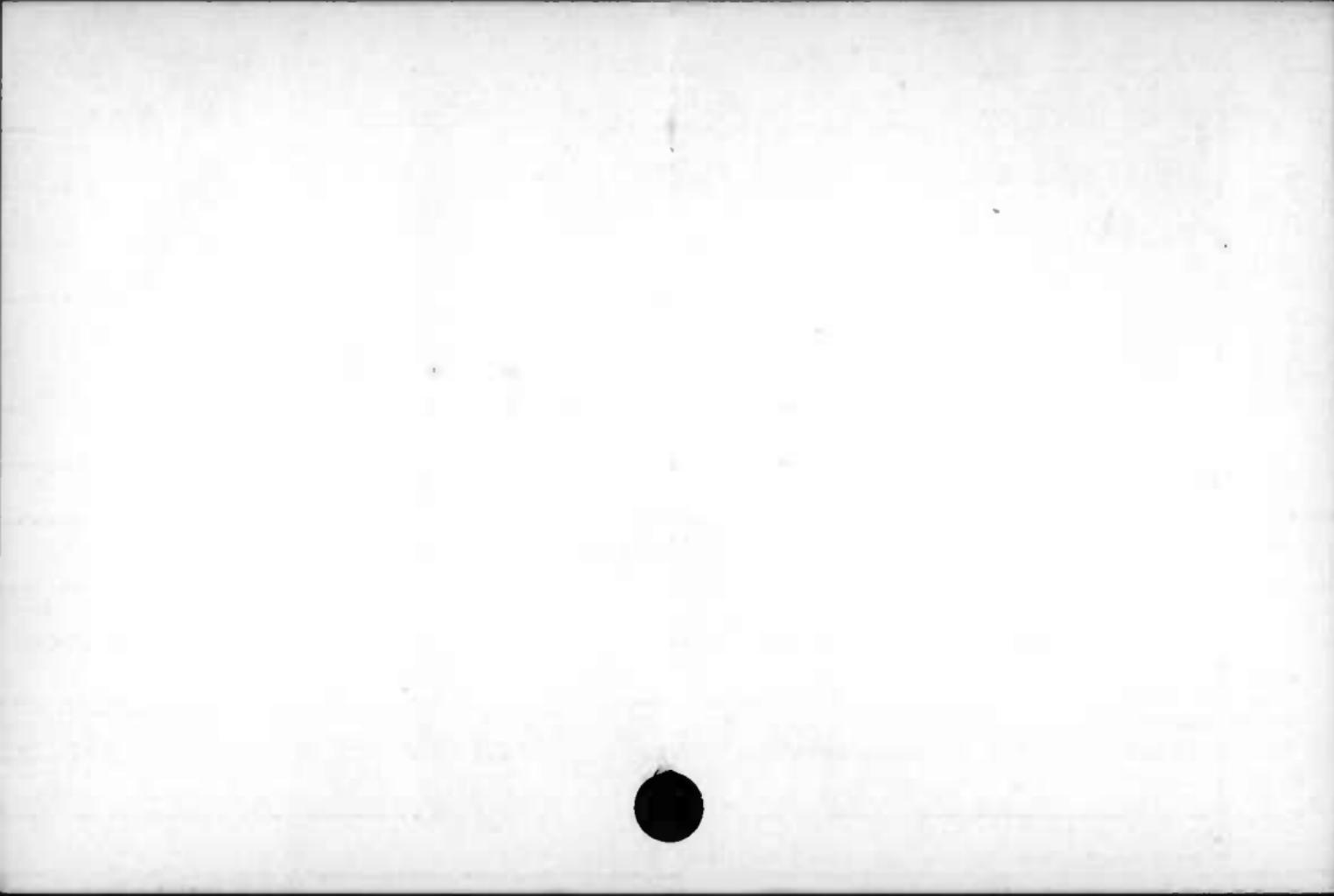
yes

Signature of
Physician

Address

R. H. Jefferson
Federalburg md

Accident or Suicide?





Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

John C Randolph

CERTIFICATE OF DEATH

Died at		Town	County			
Date of death	1903	Month Sep	Day 30	Years 67	Munths	Days
Sex	male	Color or Race	white	Birth-place	Pa.	
Occupation	Painter		Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	martha Randolph			
Father's Name			79		Father's Birthplace	
Mother's Maiden Name					Mother's Birthplace	
Name of person giving information					How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart disease

How long

4 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

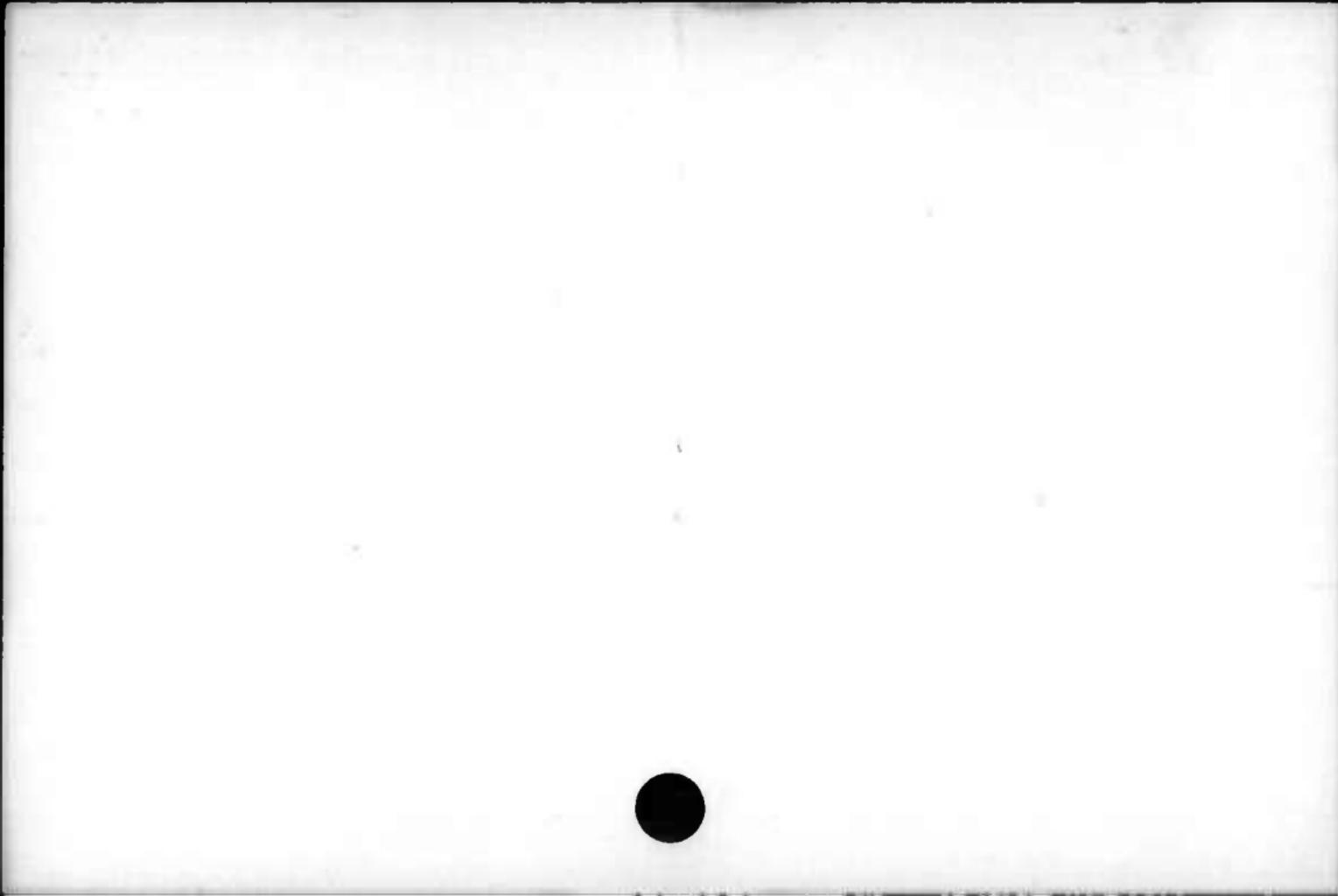
yes

Signature of Physician

Address

R Kemps Jefferson
Federalsburg md

Accident or Suicide?



Name
in
Full

Abigail Ritchie

CERTIFICATE OF DEATH

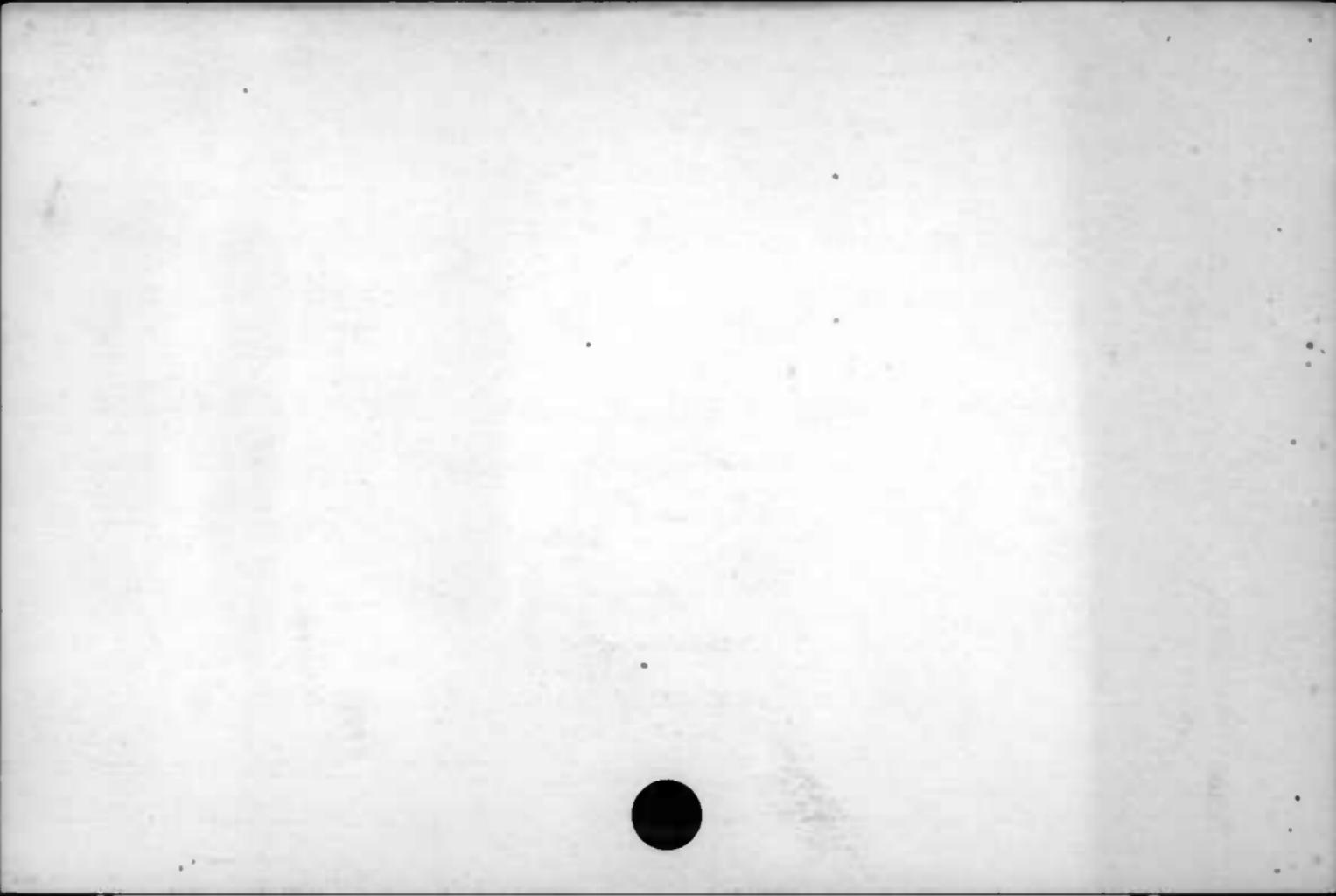
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 190	Month	Day	Years Age
3	Sept	2	49
Sex	Color or Race	Birth- place	Days
Female.	White	Par	10
Married,	Occupation	Housewife	
Wife or Husband	Daniel Ritchie		
Father's Name	David Whitfield	Father's Birthplace	Rex
Mother's Maiden Name	Nancy Whitfield	Mother's Birthplace	Rex.
Name of person giving Information	Katherine D. Ritchie	How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Thyroid fever.	How long	4 weeks.
Immediate	Asthma	How long	1 week.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. D. & M. L. C.
		Address	Kenslawn Md.
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Byard Swift

CERTIFICATE OF DEATH

Died	Town	County	MARYLAND		
Date of death 1907	Month 9	Day 20	Years	Months	Days
Sex Male	Color or Race 3wh'd	Occupation 105.	Birth- place Lenghville		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name John Swift			Father's Birthplace Balti-		
Mother's Maiden Name Sallie Franklin			Mother's Birthplace Lenghville		
Name of person giving Information	Jay Swift		How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cholera Infantum	How long 5 da
Immediate Stomach	How long 1 da
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Dr. E. G. Kelly
	Address Lenghville
Accident or Suicide?	



• (pg 1-2)

Name
in
Full

Sarah V Taylor

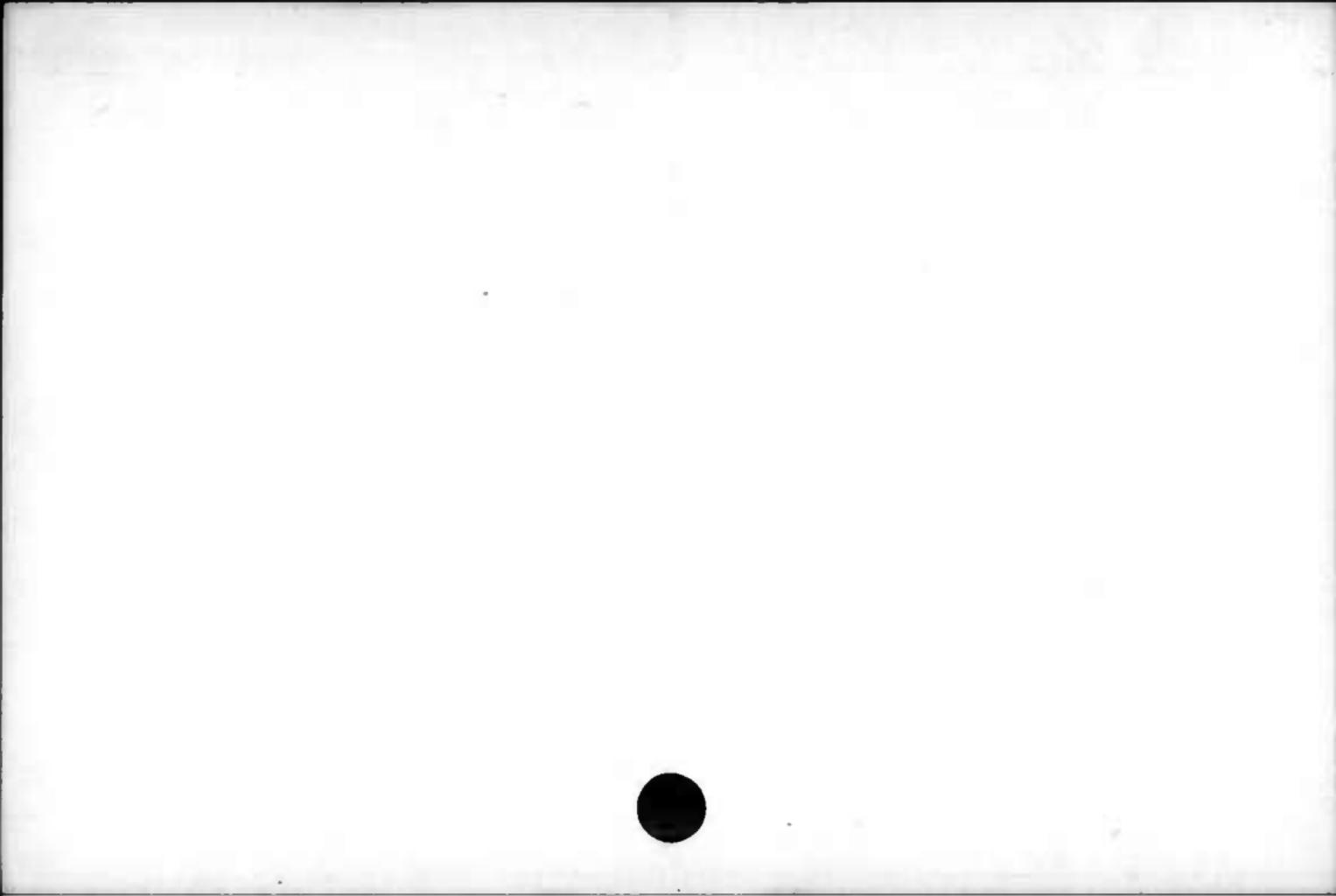
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Smithville</u>		Town	County <u>Caroline</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>Sep</u>	Day <u>12</u>	Age <u>30</u>	Years	Months	Days
Sex <u>female</u>	Color or Race <u>negro</u>	Where Residing if not at place of death		Birthplace <u>md</u>		
Occupation <u>housewife</u>						
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Thomas Taylor</u>			Father's Birthplace <u>27</u>		
Father's Name						
Mother's Maiden Name						
Name of person giving information					How related to deceased	

CAUSES OF DEATH

Primary	<u>Phtisis</u>		How long	<u>2 years</u>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>A. Remond Jefferson</u>	
		Address	<u>Federal Bldg. md</u>	
Accident or Suicide?				



Name
in
Full

Sallie Wilson

CERTIFICATE OF DEATH

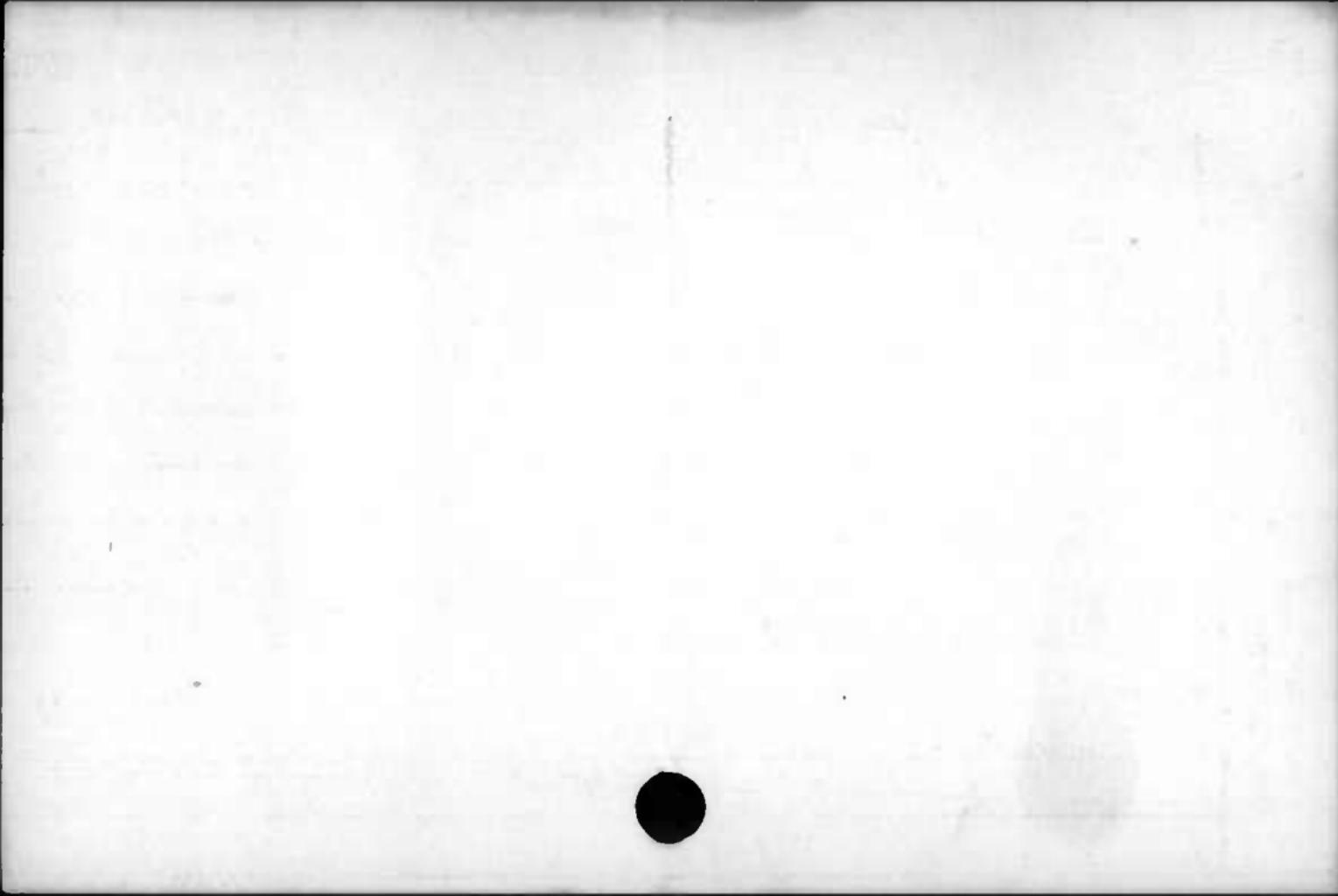
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Caroline	County	MARYLAND	
Date of death 190	Month	Day	Years	Months	Days
3	sep	26	14		
Sex	Female	Color or Race	white	Birth- place	md
Married, Single or Widowed	single	Occupation	student		
Name of Wife or Husband					
Father's Name	H F Wilson	50.		Father's Birthplace	md
Mother's Maiden Name	martha Lashall			Mother's Birthplace	Del
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diabetes Acutus	How long
Immediate		4 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?		R Kemp Jefferson Federalsburg md



Name
in
Full

Auron. Goodskyki

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hillboro		Town	Parowee		County	
Date of death 1903	Month Sept	Day 25	Years 1	Age	Months 4	Days 2
Sex Male	Color or Race White	Occupation				
Married, Single or Widowed						
Name of Wife or Husband	105					
Father's Name	Joseph Goodskyki			Father's Birthplace Germany		
Mother's Maiden Name	Francis Goodskyki			Mother's Birthplace "		
Name of person giving information	Brother Francis Goodskyki			How related to deceased Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro Enteritis	How long	Two weeks
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. F. T. Miller
		Address	Hillboro Ind.
Accident or Suicide?			

